

FILED FEB 11 1942

Registration District No. 294

Primary Registration District No. 1002

State File No.

Registrar's No. 284

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **General Hospital No. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12-23-41-1-17-42**
(Specify whether years, months or days) **10 years**

3. (a) PRINT FULL NAME **HERMAN HAMMONS**

3. (b) If veteran, **None** name war. 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Vivian Hammons** 6. (c) Age of husband or wife if alive **21** years
7. Birth date of deceased **August 7 1928**
(Month) (Day) (Year)

8. AGE: Years **23** Months **5** Days **10** If less than one day hr. min.

9. Birthplace **Little Rock / Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business

12. Name **Joe Hammons**
13. Birthplace **Ark**
(City, town, or county) (State or foreign country)
14. Maiden name **Deceased**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
(b) Address **General Hospital No. 2**
burial
17. (a) (Burial, cremation, or removal) (b) Date thereof **1/23/42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge Lawn Cem.**
18. (a) Signature of funeral director **Shattuck Bros**
(b) Address **1729 Lydia**
19. (a) **1-22-42** (b) **M. M. Browe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2209 Vine**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **17**
year **1942** hour **7** minute **10 p.m.**

21. I hereby certify that I attended the deceased from **December 23 1941 to January 17 1942**
that I last saw him alive on **January 17 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Brain Tumor**
Malignant

Due to **54 B**
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **Same as above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature **J. O. Shattuck** (M. D. or other)
Address **Gen. Hosp. #2-600 E. 22** Date signed **1-21-42**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Isaac J. Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.